P.O. Box 12070

		ANDIDATE / OFFICEHOLDER REPORT:	FORM C/OH - FR
	UE:	ESIGNATION OF FINAL REPORT	ÁM ÁNTONI O SLERIG
	The In	Instruction Guide explains how to complete this form.	23 A II: 5b
1	CAOHI	HIRLEY HAUIAN	2 ACCOUNT #(Ethics Commission filers)
3	SIGNA	NATURE	7
	a rep	to not expect any further political contributions or political expenditures in connection with my candi report as a final report terminates my campaign treasurer appointment. I also understand the intributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of	at I may not accept any campaign
4		ER WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are a candidate ··	
	A.	CAMPAIGN FUNDS	
	Chec	eck only one:	
		I do not have unexpended contributions or unexpended interest or income earned from politic	al contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political convert unexpended political contributions or unexpended contributions and that I must file an annual report of unexpended contributions and that I may report or unexpended interest or income earned on political contributions longer than six years aft understand that I must dispose of unexpended political contributions and unexpended intercontributions in accordance with the requirements of Election Code, § 254.204.	cal contributions to personal use. I not retain unexpended contributions er filing this final report. Further, I
	в.	ASSET8	
	Checi	eck only one:	
	72	I do not retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from political contributions.	olitical contributions.
		I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	n political contributions to personal
		Sign	ature of Cabolifate
5		ICEHOLDER Implete this section <i>only</i> if you are an officeholder ••	
] I am aware that I remain subject to filing requirements applicable to an officeholder who does not	have a campaign treasurer on file.
		Signa	ture of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT	FORM C/OH GOVER SHEET PG 1
The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	Total pages filed:
3 CANDIDATE / TITLE SERSE 2001 11 23 A	OFFICE USE ONLY
OFFICEHOLDER MS. SHIPLY A NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE ** CITY; STATE; ZIP CODE OFFICEHOLDER ADDRESS	Date Hand-delivered or Date Postmarked
Change of Address 125 Blill Star #3 SATA 18204	Date Main-delivered or Date Postilleradu
5 CAMPAIGN TITLE FIRST MI TREASURER NAME IN I I SRZUL	
NICKNAME LAST SUFFIX	Receipt # Amount Date Processed
AGUILAR	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 125 Blue Factorial #3 Spin 7820	ZIP CODE
7 CAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION (2/0) 2/17-1574	
8 REPORTTYPE January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD Month Day Year THROUGH 09/15/	Year /
10 ELECTION DATE ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff D	General Special
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)	WACIL Dut 5
13 NOTICE OF DIRECT CAMPAIGN Direct campaign expenditures are campaign expenditures made by others without the candicates are required to disclose this information only if they receive notification of the direct campaign.	idate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	
Address / PO Box: Apt. / Suite #: City: State: Zip Code	,
GO TO PAGE 2	

SUPPORT	TE / OFFICE A TOTAL	200	FORM C/OH COVER SHEET PG 2
14 C/OH NAME		1001 01 23 A 11:56	15 ACCOUNT #(Ethics Conveniesion Rers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	I I I I I I I I I I I I I I I I I I I	tice of political expenditures by political committees to suppose without the candidate's or officeholder's knowledge or consell if they receive notice of such expenditures. ••	rt the candidate / officeholder. These expenditures nt. Candidates and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC .	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		o reportable activity occurred during this reporting period. (Sig	n affidevit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE S, LOANS, OR GUARANTEES OF LOANS), UNLESS I	R THAN TEMIZED \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	ns) \$ 0
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS	S ITEMIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ \(\rho \)
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A Y OF THE REPORTING PERIOD	AS OF THE \$
9 AFFIDAVIT	WATE OF TENS EXPIRES 11,04-04-2005	is true and correct/and inch me under Title 16, Election	malty of perjury, that the accompanying report ples all information required to be reported by Code.
Sworn to and subscrib		no said Shirty Aguilar	this the 13m day
Minda S Signature of officer adm	.logs	fy which, witness my hand and seel of office. Mclinda S. loget Printed name of officer administering ceth	No fary Title of officesed-ministering ceth

P.O. Box 12070

	CANDIDAT	E/OFFICEHOLDER		FORM C/OH		
	CAMPAIG	N FINANCE REPORT	•	COVER SHEET PG 1		
				VINE SAN ANTUNU		
t	e C/OH INSTRUCTION	Guide explains how to complete	1 ACCOUNT# U11 (Ethics Commission filers)	Total procedure:		
3	CANDIDATE/	TITLE FIRST	MI Z00	APR OFFICE USE ONLY		
	OFFICEHOLDER	MRS. SHIRLE	1	OTTIOL GOL GILL		
	NAME		SUFFIX	Date Received		
			7			
		AGUILA	14			
4	CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	1		
	OFFICEHOLDER	0	Cv -10204	Å		
	ADDRESS	125 BLYESTAR 3	54 1 102C	Date Hand-delivered or Date Postmarked		
	Change of Address	•				
_				_		
5	CAMPAIGN TREASURER	TITLE FIRST	MI			
1	NAME	MR ISRZEL	. <i>S</i> ,	Receipt # Amount		
		NICKNAME LAST	SUFFIX	Date Processed		
ļ		AGUILA	V2	Date Imaged		
L						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE		
	TREASURER ADDRESS	195 BLUESTAR 3	3 5A TX	78204		
	(Residence or business)					
7	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER PHONE	(210) 223-50	7-7			
	FIONE	(210) 223-50	/			
8	REPORT TYPE	January 15 30th day before elect	ion Runoff	15th day after campaign treasurer appointment (officeholder only)		
		J1/L July 15 Affi day before election Exceeded \$500 limit Final report (Attach C/OH - FR)				
		auty to San oay before discour	" LI Except 4555 IIII.			
9	PERIOD	Month Day Year	Month Day	Year		
	COVERED	23 /25/01	ough $04/27$	/01		
L						
10	ELECTION	ELECTION DATE ELECTION T Month Day Year	YPE			
		05/05/01 Prima	y Runoff	General Special		
	****	0370370.				
111	OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	incil Districts		
			1 CITY COL	mer- VISIVICTO		
13	NOTICE	Direct campaign expenditures are campaign expenditures.	readitures made by others without the cor	odidate's prior consent or approval		
	OF DIRECT CAMPAIGN	Candidates are required to disclose this information	only if they receive notification of the dir	ect campaign expenditure. ••		
	EXPENDITURE	Altronomic and the second seco				
	BY OTHER INDIVIDUALS	Name				
	INDIVIDUALS					
		Address / PO Box; Apt. / Suite #; City; State;	Zip Code			
	_					
	additional pages					
<u> </u>						
		GO TO	PAGE 2			
		GO 10	FAGE &			

(512)463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS** COVER SHEET PG 2 14 C/OH NAME , AGUILAR This box is for notice of political expenditures by political committees to support the candidate? Affection. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report 16 NOTICE **FROM** this information only if they receive notice of such expenditures. ... **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 NO REPORTABLE Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) **ACTIVITY** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 18 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ **TOTALS** TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS TOTAL POLITICAL EXPENDITURES** 4. OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code AFFIX NOTARY STAMP / SEAL ABOVE Swom/to and subscribed before me, by the said SHIRLEY A. this the ____ , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

Principal occupation (Optional)

POLITICAL EXPENDITURES	SCHEDULE F
	RECEIV ED CITY OF SAN ANTONIO
The Instruction Guide explains how to complete this form.	Total pages Schedule F:
2 FILER NAME SHIRLEY A. AGU	I LAZ ZOUI A RACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name 5 EE AT 6 Payee address; City; State; Ztp Code	TACHMENT 7 Amount (8)
Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Payee address; City; State; Zip Code	Arriount (\$)
Purpose of payment (See Instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED

		_	
	Food for Voluteers	\$	3.20
	Food for Voluteers	\$	RSI2SIVED
	Food for Voluteers	•	Y OF BON ANTONIO
	Snacks for volunteers	\$	CI3.X8CLERK
3/27/01		\$	1 APP 20 P 3: 39
3/27/01			
	Direct materials for signs	\$	47.16
	Food for Voluteers	\$	5.12
	Food for Voluteers	\$	5.88
	Food for Voluteers	****	12.16
3/29/01		\$	10.00
3/29/01		\$	10.00
3/30/01		\$	13.63
3/30/01		\$	16.62
	Food for Voluteers	Þ	3.22
	Food for Voluteers	Þ	10.87
	Snacks for volunteers	Þ	4.86
	Food for Voluteers	Þ	2.78
3/31/01	•	Þ	0.65
3/31/01	*	Þ.	8.00
	Food for Voluteers	Þ	10.72
	Food for Voluteers	Þ	3.24
	lunch meeting		126.78
	lunch meeting	***	28.18
	Photos & Cokes	D.	14.94
4/3/01		Þ	19.18
	Direct materials for signs	Þ	2.15
4/4/01		Þ	7.00
	Food for Voluteers	Þ	4.09
	Food for Voluteers	Þ	6.40
	Food for Voluteers	Þ	8.56
	Food for Voluteers	\$	5.76
4/5/01		Þ	5.00
	lunch meeting	\$ \$	17.80
	Food for Voluteers		5.91 10.00
4/7/01	Food for Voluteers	\$ \$	4.29
	Food for Voluteers	\$	3.20
4/7/01		\$	9.00
	Copies	\$	1.79
4/10/01	·	\$	10.00
	Food for Voluteers	\$	1.00
	Food for Voluteers	\$	2.16
4/11/01		\$	3.20
	Food for Voluteers	\$	4.09
4/12/01		\$	0.86
	Food for Voluteers	\$	5.04
	Direct materials for signs	\$	25.61
4/13/01	-	\$	4.00
4/14/01		\$	14.23
	Food for Voluteers	***	4.48
	Food for Voluteers	\$	2.16

		REC	EIVED	
4/16/01	Headquarters Rent	CHY OF SA	AN ANST	00.00
4/16/01	SW Bell	CHA	CLERK	90.00
4/17/01	Food for Voluteers	200	_ \$_	13.17
4/18/01	Dinner meeting	2001 APR 2	P\$3	360.00
4/18/01	Post office		\$	13.60
4/19/01	Gas		\$	16.88
4/19/01	Dinner meeting		\$ \$	129.30
4/19/01			\$	2.80
4/20/01	BBQ Event		\$	251.24
4/20/01	BBQ Event		\$	120.25
4/22/01	Food for Voluteers		\$	3.20
4/23/01	Food for Voluteers			6.36
4/23/01	Copies		\$	0.56
4/23/01	Copies		\$ \$ \$ \$	16.65
4/23/01	Food for Voluteers		\$	17.31
4/24/01	lunch meeting		\$	10.34
4/24/01	Gas		\$	15.39
4/24/01	T-shirts		\$	150.00
4/24/01	lunch meeting		\$	28.20
4/24/01	Partial payment on Political Signs		\$	500.00
4/24/01	Phone Bankers		\$	350.00
4/24/01	Campaign Labor		\$	448.00
4/25/01	Gas		\$	12.10
4/25/01	Copies		\$	0.76
4/25/01	Gas		\$	19.01
4/25/01	Campaign Labor		\$	5,500.00
	TOTAL		\$	8,534.88

CORRECTION AFFIDAVIT FOR

	CANDIDATE/OFFICEHOLDEI	R 2001 APR 23 A 8:
See backside for instr	ructions	
1 ACCOUNT#	7 Total pages filed:	
CANDIDATE / OFFICEHOLDER NAME	Mrs. Shirley A. NICKNAME LAST SUFFIX Aguilar	OFFICE USE ONLY Date Received
ORIGINAL REPORT TYPE	January 15 Runoff Other (specify) Live 15 Exceeded \$500 limit Sth day before election Sth day before election Sth day before election Final report	Date Hand-delivered or Date Postmarked Receipt # Amount
5 ORIGINAL	Month Day Year Month Dey Year	Legal Totals
ORIGINAL PERIOD COVERED	·	Date Processed Date Imaged
EXPLANATION OF CORRECTION	Inadvertently Attached Yoth-FR with 30 Jay 1 Submitted on April 5,2	completed epont 2001.
AFFIX NOTARY STA	report is true and correct and promptly after learning of the error or affirm, under penalty of per reporting requirement when the sectors of	andidate or Officeholder
Signature of officer administers	MeliNdu S. Lupez No regath Printed name of officer administering oath Title	of officer administering oath
1 _		a Damant Farm

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

JANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCT	TION GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/	TITLE		1
OFFICEHOLDE	FIRST	,MI	
NAME	"IMS. Thirds	ι. Λ	OFFICE USE ONLY
1	NICKNAME	\mathcal{M}	See See 1
	1	SUFFIX	Date Received
	ACIUI	1/	1
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #: CT	1'	
OFFICEHOLDER		TY; STATE; ZIP CODE	
ADDRESS	125 Blup Sters	$3 S \Delta T Y$	
Change of Addre	ess Copul		Date Hand-delivered or Date Postmarked
		18204	
5 CAMPAIGN	FIRST FIRST	į	
TREASURER		MI	
NAME	MIS. Crace		Receipt # Amount
	NICKNAME LAST	SUFFIX	
	ACUNA	√	Date Processed
		7	Date imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	#; CITY; STATE:	70.0005
ADDRESS	1530 Par 1410	,	ZIP CODE
(Residence or business	530 PINE HUS	T SATX	7分2克(三
	1	(() 0	-
7 CAMPAIGN	1054		골 음유교
TREASURER	AREA CODE PHONE NUMBER	EXTENSION	1 -<000
PHONE	1(219) 977 -3	937	5
	1219 122 3	837	TI TIN
REPORT TYPE	January 15 January 15		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
•	January 15 30th day before election	Runoff	15th day after campater treasurer appointment (officeholder only)
	July 15 8th day before election		_ CC Company
DEDICE		Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year	Month Day	Year
0012.020	THROUGH	A 7 /-//	
	0101	03/24	Ω 1
ELECTION	ELECTION DATE ELECTION TYPE		
	Primary	Runoff Ger	neral Special
OFFICE	OFFICE HELD (if arry)		
j	, ,	12 OFFICE SOUGHT (FROWN)	
NOTICE		144 (n)	ncil Nist ct
OF DIRECT	Direct campaign expenditures are campaign expenditures		10,10,15
CAMPAIGN	 Direct campaign expenditures are campaign expenditu Candidates are required to disclose this information only if 	res made by others without the candidat f they receive notification of the direct se	e's prior consent or approval.
EXPENDITURE BY OTHER	Name		mpaign expenditure. ••
INDIVIDUALS	Newspe	-	
	_		
[Address / PO Box; Apt. / Suite #; City; State; Zip Co	de	
_			
additional pages			j
			1
	GO TO PAC	3E 2	
	GO TO PAC	JE 2	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS** COVER SHEET PG 2 14 C/OH NAME 15 ACCOUNT #(Ethics Commission filers) 16 NOTICE • This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures **FROM** may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report **POLITICAL** this information only if they receive notice of such expenditures. .. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE GENERAL COMMITTEE ADDRESS **□** SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS Æ 17 NO REPORTABLE Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) **ACTIVITY** 18 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** \$ 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS TOTAL POLITICAL EXPENDITURES OUTSTANDING** 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT TARY PUBLICATION I swear, or affirm under penalty of perjury, that the accompanying report is true and capect and includes all information required to be reported by 15, Election Code. me under NOTARY STAMP / SEA to pertify which, witness my hand and seal of office to of officer administration Printed name of officer administering of

Title of officeradin

d 05/11/2000

Tex	as Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S		SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2	FILER NAME	:		3 ACCOUNT # (Ett	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occup	pation (Optional)	10 Employer (Option	eal)	
	Date	Full name of contributor out-of-state PAC (IDII:	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-trind contribution description (if applicable) TY OF SAN APR - 5
	Principal occup	ation (Optional)	Employer (Option	al)	U RRK
	Date	Full name of contributor		Amount of contribution (\$)	In-tied contribution description (if applicable)
	Principal occup	ation (Optional)	Employer (Option:	al)	
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		<u>-</u> - 	; ~
	Principal occup	ation (Optional)	Employer (Option	al)	
	lf contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

exas Ethics C	ommission P.O. Box 12070	Austin, Texas 78711-20	70 (512) 4	1-800-325-8506
PLEDG	ED CONTRIBUTIONS		(FOR FORMS C/OH	SCHEDULE B1 I, SC-C/OH, SC-SPAC, & SPAC)
The Instruct	now Guide explains how to complete this form	ı.	1 Total pages this	Schedule B1:
FILER NAM	ME	<u> </u>	3 ACCOUNT# (E	thics Commission filers)
то	TAL OF UNITEMIZED PLEDGES:	⇒	\$ \$	\$
Date	6 Full name of pledgor out-of-state P. 7 Pledgor address; City; State;	.	8 Amount of pledge (\$)	9 In-kind description (if applicable)
) Principal occi	upation (optional)	11 Employer (option	nal)	
Date	Full name of pledgor out-of-state P/) Amount of pledge (\$)	In-kind description (if applicable)
Principal occ.	upation (optional)	Employer (option	nai)	2001 A
Date	Pledgor address; Olty; State;		Amount of pledge (\$)	In-kind description (if applicable) CLERK F:
Principal occu	repation (optional)	Employer (option	ai)	
Date	Full name of pledgor out-of-state PA		Amount of pledge (\$)	In-kind description (if applicable)
Principal occur	pation (optional)	Employer (option	al)	
Date	Full name of pledgorout-of-state PA		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (option	al)	
		COPIES OF THIS FORM	AS NEEDED	ng requirements.

			1	Total pages Sched	ule E:
Increasion Gune expl	ains how to complete th	nis form.			
			3	ACCOUNT # (Ethic	cs Commission filers)
ERNAME	\				
		ANS: \$	t) t)	⇒ ⇔	\$
TOTAL OF	UNITEMIZED LO				9 Loan Amount (\$)
ate of loan 7	Name of lender	out-of-star	te PAC (ID#:		
	Lender address; City;	State; Zip Code			10 Interest rate
ancial Institution?					11 Maturity date
N	/				
escription of Collateral	1				
] none					16 Amount@uaranteed(\$)
	Name of guarantor	\			16 Amount Guaranteed (\$)
NFORMATION		.\			APR CIT
		\ a Zin Code			
	Guarantor address; City	r; State; Zip Cook	-		Y C
not applicable		\			
		18 En	nployer		P ERK
Principal Occupation		\			
			state PAC (ID#:)	Loan Amount (\$) 22
Date of loan	Name of lender	/ Lout-of	SIERO FAM (1077)		ω -
		\ ,			. International
		tr: State; Zip Coo	ie		Interest rate
Is lender a	Lender address; Cit	iy, Januar, 1			
financial institution?		\			Maturity date
Y N		\			
					
Description of Collatera	и				Amount Guaranteed (\$)
none	No. of a complet		\		Pallouit Games (1)
GUARANTOR INFORMATION	Name of guarantor		\		
		City; State; Zip C	ode		
	Guarantor address; (July,	\		
not applicable					
			Employet	-	•
Principal Occupation	~	\	\		
			ì		
		ADDITIONAL COPIE	S OF THIS FOR	M AS NEEDED	
	ATTACH	ADDITIONAL COPIL		ddistanal reno	rting requirements.

POLITIC	AL EXPENDITURES	SCHEDULE I	F
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule F:	
2 FILER NAME	4	3 ACCOUNT # (Ethics Commission filers)	·
	5 Payee name 6 Payee actiress: City; State; Zip Code	Lachment (\$)	
8 Purpose of paym required.)	ent (See instructions regarding the of information	9 Complete if direct expenditure to benefit C/OH ↔ Candidate / Officeholder name Office sought Office h	ield
Date .	Payee name Payee address; City; State; Zip Code	Amount (\$) 2001 APR -	CITY OF S
Purpose of paym required.)	ent (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Office Sought Offi	AN ANTONIO
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of paymerequired.)	ent (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office he	bld
Date .	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payme required.)	ent (See instructions regarding type of information	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office he	Hd
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDED	

P.O. Box 12070

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule	G:
2 FILER NAMI	E	3 ACCOUNT # (Ethics C	Commission filers)
4 Date	5 Payee name 6 Payee address, City; State; Zip Code 7 Purpose of expanditure (See instructions regarding type of information requ	MU Cy	Amount (\$) Reimbursement from political
Date	Payee name		contributions intended Amount (\$)
	Payee address; City; State; Zip Code		7 Reimbursement
	Purpose of expenditure (See instructions regarding type of information requ	uirea.)	from political contributions intended
Date	Payee name		RECE CITY OF SA CITY C
	Purpose of expenditure (See instructions regarding type of information requ	ined.)	Reimbursement ZV from pelitical MACI contributions RXIII
Date	Payee name		Amount N
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	-	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

	NT FROM POLITICAL CONTR USINESS OF C/OH	RIBUTIONS		SCHEDULE H
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule H:
2 FILER NAMI	Ξ		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Business name			7 Amount (\$)
	6 Business address; City; State; Zip Code			
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete Candidate / Officehol	e if direct expenditure t der name C	o benefit C/OH •• Those sought Office held
Date	Business name	,		Amount C
	Business address; City; State; Zip Code			RECEIV Y OF SAN CITY CL I APR -5
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officehok	if direct expenditure to der name	o benefit C/OH - RKID
Date	Business address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information	Complete Candidate / Officehok	if direct expenditure to der name O	o benefit C/OH ৰ্গাce sought Office held
Date	Business address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	nent (See instructions regarding type of information	•• Complete Candidate / Officeholo	if direct expenditure to ter name O	o benefit C/OH ffice sought Office held
-	ATTACH ADDITIONAL COPIES	OF THIS FORM A	S NEEDED	

exas Ethics Com	nmission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
CREDIT	rs (optional)	SCH	IEDULE K
The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule K:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission	n filers)
4 Date	5 Payor name	8	Amount (\$)
	6 Payor address; City; State; Zip Code		
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		CITY OF CIT 2001 APR
	Reason for credit		RECE Y OF SA CITY APR -9
Date	Payor name /		Amount 2 V
j	Payor address; City; State; Zip Code		OINOLIN
	Reason for credit		
Date	Payor name /		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code	<u>-</u>	
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

العصا	S COTTINES OF P.O. BUX 12070 AUSUIT, Texas 767 11-2070	(512)463-6800 1-800-325-850
	ANDIDATE / OFFICEHOLDER REPORT:	FORM C/OH - FR
The ↔ Co	Instruction Guide explains how to complete this form. omplete only if "Report Type" on page 1 is marked "Final Report" •-	
	HIMOUS. AGUICZ	2 ACCOUNT #(Ethics Commission filers)
0.0.	not expect any further political contributions or political expenditures in connection with my care	did Say I understand that designating
ar	eport as a final report terminates my campaign treasurer appointment. I also understand to tributions or make any campaign expenditures without a campaign treasurer appointment on the	nat i may not accept any campaign
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are a candidate	CIT \ 2001
		APR
Α.	CAMPAIGN FUNDS	Y CE
Che	ck only one:	THE THE
	I do not have unexpended contributions or unexpended interest or income earned from politic	cal contributions.
_	I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions and that I may or unexpended interest or income earned on political contributions longer than six years at understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions longer than six years at understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions longer than six years at understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions longer than six years at understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions.	tical contribution of the personal use. I not retain unexpended contributions fiter filing this final report. Further I
В.	ASSETS	
Che	ck only one:	
P	I do not retain assets purchased with political contributions or interest or other income from p	political contributions.
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in Election Code, § 254.204.	m political contributions to personal
	Sign	nature of Capelidate
		0 - 0
	CEHOLDER nplete this section <i>only</i> if you are an officeholder ↔	7
_		
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not	have a competion treasurer on file.
	Musla	attive of Officeholder

1/7/01	Evening meeting	\$	9.50	
1/9/01	Post office	\$	27.50	RECEIVED
1/17 / 01	Rosario's lunch meeting	\$	17.78	CITY OF SAN ANTONIO
	Toiletries for headquarters	\$	2.36	CITY CLERK
1/20/01	Gas	\$	10.00	2001 400 5 5 4
1/20/01	Cokes	\$	3.55	2001 APR -5 P 4: 49
1/20/01		\$	5.00	
1/20/01		\$	3.55	
	Food for Voluteers	\$	21.01	
	Toiletries for headquarters	\$	3.91	
	Refreshments for volunteers	\$	3.99	
	Food for Voluteers	\$	14.74	
	lunch meeting	\$	13.12	
1/23/01		\$	5.39	
1/23/01		\$	15.90	
	Breakfast meeting	\$	4.67	
	Afternoon meeting	\$	7.93	
	Breakfast meeting	\$	6.12	
1/26/01		\$	11.19	
	Food for Voluteers	\$	15.71	
	Food for Voluteers	\$	5.40	
1/30/01		\$	10.00	
	Rreshments for coffee meeting	\$	12.15	
	lunch meeting	\$	14.02	
	Office supplies	\$	19.39	
	Food for Voluteers	\$	8.49	
	Snacks for volunteers	\$	27.97	
	2 mos. supply of cokes, juices, & chips for volunteers	\$	105.41	
	Toiletries for headquarters	\$	3.01	
2/3/01		\$	12.40	
2/3/01	Cookies for seniors	\$	12.40	
		\$	5.00	
	Direct materials for signs Afternoon meeting	\$	131.45	
	Albertson's Deli Board	\$	6.46	
	PM meeting	\$	43.98	
	Food for Voluteers	\$ \$	14.56	
	Breakfast meeting	э \$	24.37 19.44	
	Food for Voluteers	\$ \$	6.12	
2/12/01		\$	28.69	
	Breakfast meeting	\$	9.01	
	Afternoon meeting	\$	10.96	
	Food for Voluteers	\$	6.37	
2/14/01	Celery tray produce for coffee meet	\$	9.96	
	PM meeting	\$	14.11	
	Breakfast meeting	\$	4.16	
2/15/01	——————————————————————————————————————	\$	10.00	
2/16/01	PM meeting	\$	14.30	
	Headquarter rent	\$	100.00	
2/17/01	Food for Voluteers	\$	37.37	
2/17/01	Food for Voluteers	\$	5.48	
		•	J. 10	

2	2/19/01	Office Depot printer supplies	\$	8.88	
2	2/21/01	Copies	\$	1.08	DECENTED
2	2/21/01	Items for Kick-off party	\$	24.81	RECEIVED CITY OF SAN ANTONIO
		lunch meeting	\$	21.21	CITY CLERK
		lunch meeting	\$	23.44	• • • • • • • • • • • • • • • • • • • •
2	2/23/01	Public Relations	\$	118.66	2001 APR -5 P 4: 49
2	2/23/01	T-shirts	\$	80.58	2001 /1111 0 1 1 1 1
2	2/23/01	Gas	\$	17.25	
		lunch meeting	\$	29.89	
2	2/24/01	Copies	\$	8.31	
2	2/25/01	Copies	\$	3.20	
2	2/25/01	PM meeting	\$	19.46	
2	2/26/01	Refreshments for volunteers	\$	2.99	
2	2/26/01	Gas	\$	3.75	
2	2/26/01	T-shirts	\$	53.72	
		lunch meeting	\$	8.94	
2	2 <i>/</i> 27 <i>/</i> 01	Posr Office	\$	55.12	
2	2/27/01	Gas	\$	13.70	
	3/1/01	Direct materials for signs	\$	4.31	
	3/1/01	Food for Voluteers	\$	4.64	
	3/2/01	Refreshments for volunteers	\$	18.53	
	3/2/01	Items for coffee meet	\$	10.17	
	3/2/01	Copies	\$	3.24	
		Copies	\$	1.40	
	3/4/01	Food for Voluteers	\$	20.00	
	3/4/01	Gas	\$	13.44	
	3/7/01	Gas	\$	8.96	
		Office Depot printer supplies	\$	28.58	
	3/8/01	Gas	\$	5.50	
	3/8/01	Copies	\$	0.54	
	3/9/01	Briskets for Kick-off party	\$	170.00	
		Keg for Kick-off party	\$	47.50	
		DJ for kick-off party	\$	100.00	
		Food for Voluteers	\$	11.37	
		lunch meeting	\$	18.12	
	3/12/01		\$	10.00	
		Food for Voluteers	\$	3.50	
		Political Signs	\$	500.00	
		Food for Voluteers	\$	4.48	
		Food for Voluteers	\$	5.01	
		Food for Voluteers	\$	12.65	
		Copies	\$	6.22	
		Copies	\$	1.29	
		Cookies for seniors	\$	8.00	
		refreshments for coffee meeting Food for Voluteers	\$	9.46	
	3/16/01 3/16/01		\$	19.56	
	16/01 1/16/01		\$	12.55	
		Gas Headquarter rent	\$	12.55	
		SWBell phone bill for headquarters for 3 mos.	\$	100.00	
3	/17/01	Food for Voluteers	\$ •	150.00	
J		I GOG TOT YORKS	\$	2.26	

3/19/01 Copies	\$ RECEIVED 2.16 Y OF SAN ANTONIO CITY CLERK
3/19/01 Copies	\$ 2.46 TUT SAN ANTONIO
3/19/01 Table clothes for Kick-off party	\$ 32.36
3/19/01 Gas	\$ 7200 APR -5 P 4: 49
3/19/01 Water	\$ 1.79
3/19/01 Produce for PR fruit Baskets	\$ 8.37
3/20/01 Evening meeting	\$ 27.94
3/21/01 Breakfast meeting	\$ 3.24
3/21/01 Food for Voluteers	\$ 7.72
3/21/01 lunch meeting	\$ 15.48
3/22/01 Gas	\$ 20.00
3/22/01 Gas	\$ 4.01
3/23/01 Afternoon meeting	\$ 8.40
3/24/01 Refreshments for volunteers	\$ 18.13

\$ 2,913.87